

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee			FEC IDENTIFICATION NUMBER ▼ C C00569905		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee AMP CALYPSO, INC.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 17 / 2015		
Mailing Address 9 PITCH PINE ROAD			Amount 120.00		
City ALBANY	State NY	Zip Code 12203	Transaction ID : SE24.1058 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 17 / 2015		
Purpose of Expenditure SHIRTS		Category/ Type 004			
Name of Federal Candidate DR. BEN CARSON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ZZ		
Calendar Year-To-Date Per Election for Office Sought 370756.40			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee COOKE PICTURES			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 17 / 2015		
Mailing Address 2316 W VICTORY BLVD			Amount 5500.00		
City BURBANK	State CA	Zip Code 91506	Transaction ID : SE24.1059 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 17 / 2015		
Purpose of Expenditure VIDEO ADVERTISEMENT		Category/ Type 004			
Name of Federal Candidate DR. BEN CARSON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ZZ		
Calendar Year-To-Date Per Election for Office Sought 376256.40			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			5620.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Robert Frank</u> <div style="text-align: right;">[Electronically Filed]</div>			Date M M / D D / Y Y Y Y Y Y 11 / 18 / 2015		